

**LIFE AND DISABILITY INSURANCE  
FORMS GENERAL TRANSMITTAL WORKSHEET**

Date \_\_\_\_\_ NAIC # \_\_\_\_\_

Insurer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Collect/800# \_\_\_\_\_ Ext \_\_\_\_\_

Contact Person \_\_\_\_\_

**\*\*\*\*Filing Fee - Effective 1-1-2000 fees are no longer required for rate and forms submissions  
(Section 33-2-708 MCA)\*\*\*\***

Group \_\_\_\_\_ Individual \_\_\_\_\_

Disability - Med.Supp. \_\_\_\_\_ Credit \_\_\_\_\_ Small Group \_\_\_\_\_ Other (specify) \_\_\_\_\_

Life \_\_\_\_\_ Annuity \_\_\_\_\_ Variable \_\_\_\_\_ Credit \_\_\_\_\_ Other (specify) \_\_\_\_\_

Form #s with (w/) any MT specific form and form # (i.e. xxxxxxw/xxxxx)	Kind*	State of Domicile and Date of Approved	Replace #'s

\*Kind: P - Policy, C- Certificate, A - Application or Enrollment, R - Rider, AM- Amendment, EN-Endorsement, O – Other outlines, summary, insert or replacement pages, etc) **Always include duplicate copies of the cover letter and a self-addressed envelope with adequate postage for return of insurer copy.**

